

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2015
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175295 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/18/2015 |
| NAME OF PROVIDER OR SUPPLIER DESERET HEALTH AND REHAB AT SMITH CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 117 W 1ST ST #369 SMITH CENTER, KS 66967 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #83053. A revised copy of the statement of deficiencies was sent to the provider on 2/25/15. | F 000 | | | |
| F 253 SS=E | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 10 residents. Based on observation and interview, the facility failed to provide and maintain a sanitary, orderly and comfortable interior for the 28 residents who reside on 3 of the 3 halls in the facility and who use the 1 common living room/dining room area. Findings included: - On 2/16/15 at 2:35 PM, during the environmental tour, observation revealed the following: East Hallway: A 1 foot (ft) x 3 ft section of wall paper missing on the corner of the wall across the hallway from the bird cage. A 2 inch (in) x 3 ft section of wall paper missing on the corner of the wall next to the bird cage. | F 253 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 253 | <p>Continued From page 1</p> <p>Living Room/Dining Room: Three ceiling fans in the dining room with a grayish substance on all of the blades of each ceiling fan.</p> <p>A 1 ft x 3 ft vent above the clock located above the doorway into the common living room area with numerous black/brown stains.</p> <p>North Hallway: The door to the beauty shop with 4 approximate 1 in gouges, approximately 6 inches from the bottom of the door, extending across the entire width of the door.</p> <p>The ceiling tile in the beauty shop with an approximate 1 ft x 4 ft brownish stain in the corner.</p> <p>The ceiling tile right outside the door to the beauty shop with an approximate 3 in x 2 in triangle shaped hole on the corner of a ceiling tile.</p> <p>The fluorescent light cover in the light right outside the door to the beauty shop with an approximate 2 ft crack on the edge.</p> <p>Resident #13 and #19's floor tile with a 2 in x 12 in missing piece and a 2 ft missing piece of baseboard below the air conditioner/heater unit, a brownish colored substance at the base of the front of the toilet, and a strong urine odor in the bathroom.</p> <p>Resident #25's bathroom with a strong urine odor and the fluorescent light cover outside of the door with an approximate 12 in crack.</p> | F 253 | | | |

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| F 253 | <p>Continued From page 2</p> <p>The soiled utility room by the therapy room with brown stained ceiling tiles throughout the ceiling.</p> <p>West Hallway: Resident #9 and #20's bathroom with a brownish/black substance at the front of the stool base, a cantaloupe sized brownish stain on the ceiling tile above the sink in the bathroom, and several brownish stains which run along the edges of 2 ceiling tiles above the bathtub in the bathroom.</p> <p>Resident #10's fluorescent light cover outside of the bedroom door with numerous dead bugs.</p> <p>Resident #5's fluorescent light cover in the bedroom with an approximate 6 in crack on the corner, a greenish/brown color in the bottom of the toilet bowl in the bathroom, and a beach ball sized brownish stain in the ceiling tile in the bathroom.</p> <p>The soiled utility room across from room 18 with brownish stained ceiling tiles throughout the ceiling and the hopper with a greenish like substance in a circle in the middle of the basin at the rim of the water.</p> <p>Resident #14's bathroom stool with a greenish/brown color in the bottom of the toilet bowl.</p> <p>South Hallway: Resident #29's bedroom curtains with missing hooks and hanging off of curtain rod in several places, the beige privacy curtain with 2 quarter sized black spots, a brownish/green stain in the bottom of the toilet bowl and brownish colored spots around the front base of the toilet.</p> | F 253 | | | |

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| F 253 | <p>Continued From page 3</p> <p>Resident #22's toilet bowl with greenish/brown stains in the bottom, a curtain rod with hooks but no curtain, and an approximate 3 in x 3 ft section of unpainted wall under the air conditioner/heater unit.</p> <p>Resident #3's bathroom door jamb with numerous pea sized chips of paint missing approximately 3 ft up from the floor, the ceiling tiles above the recliner with an approximate 5 in x 8 in brownish stain, a ceiling tile above the bed with an approximate 6 inch crack across the corner, and the curtain with missing hooks and the curtain hanging down from the curtain rod in spots.</p> <p>Resident #15's fluorescent light cover outside of the room with an approximate 8 inch crack on the edge, the doorway to the bathroom where the linoleum from the bedroom joins the linoleum from the bathroom with an approximate 1 inch buckle, and the door jamb next to the toilet riser with numerous pea sized spots of paint missing approximately 2 foot up from the floor.</p> <p>Resident #7's bathroom door with 2 gouges approximately 1 in wide across the entire width of the door and an approximate 3 ft x 3 ft section of wall behind the recliner with multiple gouges which measured approximately 1/2 - 1 in in circumference.</p> <p>Resident #16's bathroom wall behind the grab bar with an approximate 6 in x 3 in section of brownish color, cove base peeled off behind the stool approximately 1 1/2 feet, the bathroom door jamb with numerous chunks of paint missing approximately 3 feet up from the floor, and the</p> | F 253 | | | |

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| F 253 | Continued From page 4 closet door with an approximate 1 inch gouge approximately 3 foot across the width of the door. Resident #11's stool with a blackish ring at the front base, the wall across from the bed with an approximate 6 in x 9 ft section up from the base of the wall with multiple scrapes, approximate 1 foot of cove base peeled up behind toilet, a hole in the wall behind the headboard approximately 3 inches around and the closet door with an approximate 2 in x 2 ft gouge which ran across the width of the door. Resident #4's bedroom curtain with an approximate 12 inch section hanging down lower than the rest of the curtain, and the bathroom with an approximate 4 ft section of border missing. On 2/16/15 at 2:35 PM, during the environmental tour, Maintenance staff B verified the observations of the above findings. The facility failed to maintain a sanitary, orderly and comfortable environment for the 28 residents who reside on 3 of 3 halls in the facility. | F 253 | | | |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The | F 312 | | | |

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| F 312 | <p>Continued From page 5</p> <p>sample included 10 residents. Based on observation, interview and record review the facility failed to provide assistance at meals for 1 of 1 residents. (#14)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 14's medical record included diagnoses of (CHF) Congestive Heart Failure (a condition with low heart output and the body becomes congested with fluid), Senile Dementia (progressive mental disorder characterized by failing memory, confusion), and Anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues). <p>The Significant Change (MDS) Minimum Data Set assessment, dated 12/22/14, revealed the resident required total assistance of 1 staff for his/her (ADLs) Activities of Daily Living including total assistance of 1 staff for meals.</p> <p>The (ADLs) Activities of Daily Living (CAA) Care Area Assessment, dated 1/2/15, stated the resident required total assistance of 1 staff for ADLs due to advanced age with CHF, memory deficit, and an inability to maintain his/her current level of function.</p> <p>The 12/22/15 care plan directed the staff to serve a regular diet as tolerated by the resident, encourage fluids up to 2000 milliliters a day, and monitor and record food intake.</p> <p>On 2/11/15 at 8:08 AM, the staff served the resident the breakfast meal consisting of bran flake cereal, scrambled eggs, bacon, milk, and water.</p> | | | F 312 | | | |

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| F 312 | Continued From page 6 During continuous observation, at 8:23 AM (15 minutes later), the resident's breakfast remained untouched on the table and no staff assisted him/her to eat, the surveyor requested dietary Staff G obtain a temperature of the foods on the resident ' s plate. The scrambled egg temperature read 80 degrees (F) Fahrenheit and the milk temperature read 48 degrees F. Dietary Staff G verified the improper temperatures, removed the eggs and milk from the table and replaced the items with eggs and milk at the proper serving temperatures. On 2/16/15 at 3:02 PM, Nurse Aide A stated the resident is totally dependent on staff for assistance to eat his/her meal. On 2/16/15 at 4:20 PM Nurse D verified a nursing staff member should be available to assist the resident when he/she received his/her food. The facility failed to provide care and services to assist totally dependent Resident #14 with his/her meals. | F 312 | | | |
| F 314 SS=D | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. | F 314 | | | |

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| F 314 | <p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 28 residents, the sample included 10 residents. Based on observation, record review and interview, the facility failed to provide necessary treatment and services to prevent the development of pressure sores for 1 of 1 resident. (#15)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 15's medical record from the physician order sheet, dated 1/7/15, revealed diagnoses that included Chronic Kidney Disease (inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes), Ischemic Heart Disease (blockage or narrowing of the arteries that supply blood to the heart muscle), Essential Hypertension (elevated blood pressure), Hypothyroidism (condition characterized by decreased activity of the thyroid gland), Pressure Ulcer with an unspecified stage (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction), right fibular fracture (fracture of 1 of the 2 bones of the lower leg) and acute pain. <p>Resident # 15's admission (MDS) Minimum Data Set assessment, dated 12/30/14, revealed the resident had moderately impaired cognition, required total assistance of 1 staff for bed mobility, transfer, dressing, toileting, and extensive assistance of 1 staff for hygiene. He/she had range of motion impairment on one side of his/her lower extremities, pressure reducing devices for the bed and the wheelchair seat and on a repositioning program. The</p> | F 314 | | | |

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| F 314 | <p>Continued From page 8 resident had no skin impairment.</p> <p>The pressure ulcer (CAA) Care Area Assessment, dated 1/6/15, revealed the resident risk for pressure ulcers due to poor mobility, urinary incontinence, and a heel float boot used on the right foot.</p> <p>The 12/26/15 temporary care plan directed staff to complete a weekly skin assessment, keep the resident skin clean and dry, and encourage the resident to drink up to 2000 milliliters of fluid.</p> <p>The 12/26/14 at 2:15 PM, admission nurse's note stated the resident had pitting edema to the left ankle, trace left lower leg edema, with no further documentation including whether the resident's skin was intact.</p> <p>The 12/30/at 8:30 PM nurse's note stated the resident did not sleep in the bed much, even after being offered.</p> <p>On 2/11/15 at 2:55 PM, Nurse Aide J stated the resident did not sleep in the bed, but did sleep in his/her recliner with the footrest elevated. The resident lowered the footrest, so his/her feet rested on the floor.</p> <p>On 2/16/15 at 4:20 PM, Nurse D stated the facility assessed the resident for risk of developing a pressure ulcer on admission. He/she verified the temporary care plan did not include any intervention to prevent development of a pressure ulcer to the left heel. He/she stated the facility used a Skin Report Log for actual skin impairment and documented in the nursing notes for assessments.</p> | F 314 | | | |

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| F 314 | Continued From page 9 The facility failed to provide necessary treatment and services to prevent the development of pressure sores for Resident #15. | F 314 | | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 10 residents. Based on observation, interview and record review the facility failed to ensure proper treatment and services to prevent urinary tract infections when they failed to provide appropriate perineal cleansing for 1 of 1 residents sampled for urinary incontinence. (#14) The findings included: - Resident #14's medical record included diagnoses of Congestive Heart Failure (a condition with low heart output and the body becomes congested with fluid), Urinary Incontinence (the unintentional loss of urine), and history of Urinary Tract Infections (infection of the urinary system). | F 315 | | | |

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| F 315 | <p>Continued From page 10</p> <p>The Significant Change (MDS) Minimum Data Set assessment, dated 12/22/14, revealed the resident required total assistance of 1 staff for his/her (ADLs) Activities of Daily Living. The resident required assistance with toilet use and hygiene, had frequent urinary incontinence, occasional incontinence of bowel, and received a diuretic (medication to promote the formation and excretion of urine) medication.</p> <p>The Urinary Incontinence (CAA) Care Area Assessment, dated 1/2/15, stated the resident had poor bladder control due to advanced age, received a diuretic daily, and had a urinary tract infection which placed him/her at risk for increased episodes of incontinence.</p> <p>The 12/22/15 care plan directed the staff to toilet the resident every 2 hours by checking and changing his/her incontinence pad, provide incontinence care after each incontinent episode, and to apply a moisture barrier product to the perineal area.</p> <p>On 2/12/15 at 9:10 AM, Nurse D and Nurse Aide C provided incontinent care to the resident. The observation revealed the resident lying on his/her right side, while Nurse A, wearing gloves, removed the pad soiled with urine, wiped the resident's groin area and above the perineum (area between the genitals and anus) on the lower abdomen. Nurse A then obtained a clean wipe and cleaned the resident buttock area and wiped from the front to the back of the buttocks area. The nurse did not separate the labia and clean on each side of the perineum. Nurse A removed the soiled gloves, both staff members rolled the resident from side to side to apply a</p> | F 315 | | | |

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| F 315 | <p>Continued From page 11</p> <p>new incontinence pad on the resident's lower torso. The staff positioned the resident for comfort, washed, his/her hands and left the room.</p> <p>On 2/16/15 at 2:50 AM, Nurse Aide A and Nurse Aide C entered the resident room to check and change him/her for incontinence. Nurse Aide A repositioned the resident to his/her right side. With gloves on Nurse Aide A removed the pad, soiled with urine, wiped the resident buttocks with 2 wipes, cleaning the dirtiest area first, then wiping the outer area. The wipe had a pale yellow/brown discoloration. Nurse Aide A folded the wipe over, wiped front to back, down the middle of the labia tissue. Folded the wipe over a second time, wiped front to back, down the outer area of the labia on each side, then folded the wipe a third time and wiped the rectum again. Nurse Aide A placed a clean incontinent pad under the resident's buttocks and touched his/her knees with the soiled gloves to move the resident from side to side. Nurse Aide A removed the gloves, repositioned the resident in bed with assistance from Nurse Aide C. Nurse Aide C washed his/her hands and left the room. Nurse Aide A carried the bagged trash and soiled linens from the resident room to the soiled utility room. Then walked down the hall to a bathroom to wash his/her hands.</p> <p>On 2/16/15 at 3:02 PM, Nurse Aide A stated staff provide pericare after each incontinent episode and verified the procedure included wiping the perineal area from front to back with a clean wipe, changing the wipe when soiled. He/she stated gloves are changed after becoming contaminated.</p> <p>On 2/16/15 at 4:20 PM Nurse D verified staff</p> | F 315 | | | |

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| F 315 | Continued From page 12 provided improper pericare to Resident #14, when the staff did not change his/her gloves when contaminated, and did not wash his/her hands after removing contaminated gloves prior to leaving the resident room. The undated facility policy and procedure for Perineal Care stated: Using a washcloth and warm water or peri-wipe gently clean the skin of the perineal area, females separate the labia, moving from front to back. Do not move from back to front due to risk of introducing germs from the anal area into the urethra, a primary source of urinary tract infection. The facility failed to provide perineal care in a manner to reduce the risk of infections for Resident #14 who had a history of urinary tract infections. | F 315 | | | |
| F 323 SS=E | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 10 residents. Based on observation and interview, the facility failed to | F 323 | | | |

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| F 323 | <p>Continued From page 13</p> <p>provide an environment free from accident hazards for the residents who reside on 2 of 3 halls in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 2/16/15 at 2:35 PM, observations during environmental tour with Maintenance Staff B revealed the following findings: <p>Resident #6's bathroom grab bars, attached behind the toilet seat, were loose and wobbly.</p> <p>Resident #7's bathroom door plate with approximate 4 inch crack on the edge of the plate with a sharp edge and curled out slightly.</p> <p>Resident #12's bathroom grab bars, attached behind the toilet seat, were loose and wobbly.</p> <p>Resident #14's bathroom door with an approximate 2 inch x 2 inch and 1 inch x 1 inch piece of wood missing from the bottom of the door and an approximate 2 inch x 12 inch strip of wood missing from side of door with rough surfaces.</p> <p>Resident #16's bathroom door with an approximate 2 inch x 3 inch piece of wood missing on bottom right side with a rough surface.</p> <p>Resident #21's bathroom grab bars, attached behind the toilet seat, were very loose and wobbly.</p> <p>On 2/16/15 at 2:35 PM, during the environmental tour, Maintenance staff B verified the observations of the above findings.</p> | F 323 | | | |

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| F 323 | Continued From page 14 The facility failed to provide an environment free from accident hazards. | F 323 | | | |
| F 332 SS=D | 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. Based on observation, interview and record review, the facility failed to assure a medication error rate below 5% (percent) in 27 opportunities for error involving 2 staff. The 2 medication errors represented a 7% error rate affecting 1 resident. (#12) Findings included: - The physician's order, dated 1/18/15, directed the staff to administer, Reglan (a medication used to treat heartburn), 5 (mg) milligrams, orally, 4 times a day at 6:00 AM, 11:00 AM, 5:00 PM, 8:00 PM to Resident #12. On 2/10/15 at 12:03 PM, observation during medication pass revealed Nurse E administered Resident #12's 11:00 AM dose, of Reglan, to the resident at 12:03 PM (1 hour later than ordered by the physician). On 2/10/15 at 12:07 PM, Nurse E stated that he/she would at times group medication passes together and verified this medication should have been given at 11:00 AM as physician ordered. | F 332 | | | |

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| F 332 | <p>Continued From page 15</p> <p>On 2/16/15 at 4:20 PM, Nurse D verified the physician's order and the MAR directed the staff to administer the Reglan medication to the resident at 11:00 AM.</p> <p>The facility's Medication Administration - oral policy, dated 6/2013, directed the staff to read the resident's medication administration record (MAR) and select the appropriate drugs from the medication cart drawer. The policy further directed the staff that if it became apparent that they would not meet specified time frames in the delivery of medication, the staff were to notify the director of nursing/designee.</p> <p>The facility failed to administer Resident #12 the Reglan medication as directed by the physician.</p> <p>- Review of the medical record revealed a physician's order, dated 12/31/14, directed the staff to administer Albuterol (a medication that relaxes muscles in the airways and increases air flow to the lungs) aerosol with adapter, 2 puffs via inhalation, 4 times a day, to Resident #12.</p> <p>On 2/10/15 at 12:04 PM, observation revealed Nurse E gave the albuterol inhaler to Resident #12 and he/she took 2 puffs without waiting any time in between the inhalations. The observation further revealed the nurse did not instruct the resident to wait between the inhalations of the medication.</p> <p>On 2/10/15 at 12:07 PM, Nurse E verified the resident should pause in between the inhalations of the medication.</p> <p>On 2/16/15 at 4:20 PM, Nurse D verified when a</p> | | | F 332 | | | |

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| F 332 | Continued From page 16 resident is given Albuterol, he/she should be instructed to wait in between the inhalations of the medication. The facility's Administering Medications through a Metered Dose Inhaler policy, dated 4/2007, directed the staff to repeat inhalation, if ordered and allow at least (1) minute between inhalations of the same medication. The facility failed to ensure the staff administered the residents medication in a manner to ensure a less than 5% error rate. | F 332 | | | |
| F 354 SS=F | 483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 10 residents. Based on observation, record review and interview, the facility failed to provide a Registered Nurse for 8 consecutive hours a day, 7 days a week, for the | F 354 | | | |

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| F 354 | Continued From page 17 28 residents who resided in the facility. Findings included: - Review of the licensed and registered nurse staffing schedule revealed the lack of 8 consecutive hours of (RN) Registered Nurse coverage for the following dates: January 2015: 1/8, 1/9, 1/10, 1/15, 1/17, 1/23, 1/24, 1/30 and 1/31 February 2015: 2/6, 2/8, 2/12, 2/13. On 2/16/15 at 1:00 PM, observation revealed 28 residents resided in the nursing facility. On 2/16/15 at 4:30 PM, Administrative Nurse D stated the registered nurses are not scheduled for 8 consecutive hours. The facility failed to provide a Registered Nurse for 8 consecutive hours, 7 days a week, for the 28 residents who resided in the facility. | F 354 | | | |
| F 364 SS=D | 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The facility failed to provide palatable food that conserved the nutritive value and provide food at proper temperatures for 1 resident, who required | F 364 | | | |

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| F 364 | <p>Continued From page 18</p> <p>total assistance at meals in the dining room. (#15)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 14's medical record included diagnoses of (CHF) Congestive Heart Failure (a condition with low heart output and the body becomes congested with fluid), Senile Dementia (progressive mental disorder characterized by failing memory, confusion), and Anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues). <p>The Significant Change (MDS) Minimum Data Set assessment, dated 12/22/14, revealed the resident required total assistance of 1 staff for his/her (ADLs) Activities of Daily Living including total assistance of 1 staff for meals.</p> <p>The (ADLs) Activities of Daily Living (CAA) Care Area Assessment, dated 1/2/15, stated the resident required total assistance of 1 staff for ADLs due to advanced age with CHF, memory deficit, and an inability to maintain his/her current level of function.</p> <p>The 12/22/15 care plan directed the staff to serve a regular diet as tolerated by the resident, encourage fluids up to 2000 milliliters a day, and monitor and record food intake.</p> <p>On 2/11/15 at 8:08 AM, the staff served Resident #15 the breakfast meal consisting of bran flake cereal, scrambled eggs, bacon, milk, and water.</p> <p>During continuous observation at 8:23 AM the resident's breakfast remained untouched on the table and no staff assisted him/her to eat, the</p> | F 364 | | | |

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| F 364 | <p>Continued From page 19</p> <p>surveyor requested Dietary staff G obtain a temperature of the foods on the resident ' s plate. The scrambled egg temperature read 80 degrees (F) Fahrenheit and the milk temperature read 48 degrees F. Dietary staff G verified the improper temperatures and removed the eggs and milk from the table and replaced the items with eggs and milk at the proper serving temperatures.</p> <p>On 2/16/15 at 4:20 PM Nurse D verified a nursing staff member should be available to assist the resident when his/her food is served to prevent cooling/warming of the foods, scrambled eggs with a temperature of 80 degrees Fahrenheit and the milk temperature of 48 degrees.</p> <p>The facility failed to provide care and services to assist totally dependent Resident #14 with his/her meals.</p> <p>- On 2/12/15 at 11:50AM, observation revealed Dietary staff H placed a 2 X 2 inch square of enchilada in the food processor and added an unmeasured amount of water. He/she processed the food, removed the lid and looked at the thickness and added more water, then processed the food again. Dietary staff H rinsed the food processor container with water and added a #8 scoop of Spanish rice and an unmeasured amount of water, then processed the food.</p> <p>Review of the enchilada puree recipe directed staff to prepare a slurry of 1 tablespoon and ¼ teaspoon of food thickener with ½ cup and 2 tablespoons of beef stock. Further instructions stated to place 5 - 3 ounce servings of enchilada in the food processor and process until smooth, adding 1 ounce of slurry per portion.</p> | F 364 | | | |

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| F 364 | Continued From page 20 Review of the Spanish rice recipe stated to place a ½ cup serving of the rice into the food processor and process until smooth. The recipe did not require added liquid. On 2/12/15 at 12:25 PM, Dietary staff H stated he/she prepared the puree foods without using a recipe, because the recipe made for 5 servings and he/she only prepared 1 serving. Dietary Staff H explained he/she used water for hot food puree and milk or juice, for cold food puree. On 2/16/15 at 4:15 PM, Dietary staff I stated the staff should follow the puree food recipe and instructions, and would break the recipe down to 1 serving. He/she stated water is not used as a liquid to blend pureed food. The facility failed to provide the residents with palpable food that conserved nutritive value for 1 of 1 resident who received puree meals. | F 364 | | | |
| F 371 SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The | F 371 | | | |

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| F 371 | <p>Continued From page 21</p> <p>sample included 10 residents. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions for the 28 residents who resided in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 2/10/14 at 9:10 AM, during the initial kitchen tour, observation revealed the following: 1) Yellowish brown crumbs in the doors of 2 refrigerators. 2) A yellowish liquid covering the bottom of 2 drawers in 1 of the refrigerators. 3) 2 oven doors with a filmy coating and brown streaks throughout the doors. 4) In the stock room, approximately 7 broken tiles with missing pieces and a black substance showing through the cracks. 5) The nutrition refrigerator had an approximate 3 inch layer of frost in the freezer. <p>On 2/12/15 at 11:50 AM, during observation of the pureed diet preparation, dietary staff H did not wash the blender in between puree preparation of 2 different food items.</p> <p>On 2/16/15 at 4:15 AM, Dietary staff I stated the dietary staff should cleanse the blender in between the pureed preparation of different food items.</p> <p>On 2/16/15 at 4:30 PM, Administrative Nurse D stated the nursing staff are to clean the nutrition</p> | F 371 | | | |

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| F 371 | Continued From page 22 refrigerator per a schedule. The facility's Cleaning and Sanitation of Dining and Food Service Areas policy, dated 5/2013, stated a cleaning schedule would be posted for all cleaning tasks, and staff would be held accountable for the cleaning assignments. The facility's General Sanitation of Kitchen policy, dated 2/2015, stated the food service equipment should be cleaned, sanitized, dried and re-assembled after each use. The facility failed to prepare and serve food under sanitary conditions for the 28 residents who resided in the facility. | F 371 | | | |
| F 441 SS=F | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to | F 441 | | | |

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| NAME OF PROVIDER OR SUPPLIER DESERET HEALTH AND REHAB AT SMITH CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 117 W 1ST ST #369 SMITH CENTER, KS 66967 | | |
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| F 441 | <p>Continued From page 23</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 10 residents. Based on observation, record review and interview, the facility failed to provide appropriate infection control practices regarding the cleaning of reusable equipment between resident uses, the cleaning of resident rooms with effective chemicals for the 28 residents, and good infection control practices regarding incontinent cares for 1 of 1 resident. (#14)</p> <p>Findings included:</p> <p>- On 2/12/15 at 4:22 PM, Nurse Aide A stated that he/she sprayed the reusable shower chair and anything else in the shower that the resident would have touched with the disinfectant spray, waited for 1 minute and then wiped the areas with a dry washcloth.</p> | F 441 | | | |

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| F 441 | <p>Continued From page 24</p> <p>On 2/12/15 at 4:47 PM, Maintenance Staff B stated the disinfectant spray used on the reusable shower chair should be sprayed and left on for at least 3 - 5 minutes to be effective in sanitizing the area.</p> <p>On 2/16/15 at 10:49 AM, observation revealed Resident #12's room floor being mopped with Oasis 100, a neutral cleaner.</p> <p>On 2/16/15 at 1:57 PM, Maintenance Staff B verified the Oasis 100 which was used to clean all of the resident room floors was a neutral cleaner and not a disinfectant and the facility needed to use a chemical that disinfected.</p> <p>The facility failed to provide appropriate infection control practices regarding the cleaning of reusable equipment between resident uses and the cleaning of resident rooms with effective chemicals.</p> <p>- Resident #14's medical record included diagnoses of Congestive Heart Failure (a condition with low heart output and the body becomes congested with fluid), Urinary Incontinence (the unintentional loss of urine), and history of Urinary Tract Infections (infection of the urinary system).</p> <p>The Significant Change (MDS) Minimum Data Set assessment, dated 12/22/14, revealed the resident required total assistance of 1 staff for his/her (ADLs) Activities of Daily Living. The resident required assistance with toilet use and hygiene, had frequent urinary incontinence, occasional incontinence of bowel, and received a diuretic (medication to promote the formation and</p> | F 441 | | | |

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| F 441 | <p>Continued From page 25 excretion of urine) medication.</p> <p>The Urinary Incontinence (CAA) Care Area Assessment, dated 1/2/15, stated the resident had poor bladder control due to advanced age, received a diuretic daily, and had a urinary tract infection which placed him/her at risk for increased episodes of incontinence.</p> <p>The 12/22/15 care plan directed the staff to toilet the resident every 2 hours by checking and changing his/her incontinence pad, provide incontinence care after each incontinent episode, and to apply a moisture barrier product to the perineal area.</p> <p>On 2/12/15 at 9:10 AM, Nurse D and Nurse Aide C provided incontinent care to the resident. The observation revealed the resident lying on his/her right side, while Nurse A, wearing gloves, removed the pad soiled with urine, wiped the resident's groin area and above the perineum (area between the genitals and anus) on the lower abdomen. Nurse A then obtained a clean wipe and cleaned the resident's buttock area and wiped from the front to the back of the buttocks area. The nurse did not separate the labia and clean on each side of the perineum. Nurse A removed the soiled gloves, both staff members rolled the resident from side to side to apply a new incontinence pad on the resident's lower torso. The staff positioned the resident for comfort, washed, his/her hands and left the room.</p> <p>On 2/16/15 at 2:50 AM, Nurse Aide A and Nurse Aide C entered the resident room to check and change him/her for incontinence. Nurse Aide A repositioned the resident to his/her right side. With gloves on Nurse Aide A removed the pad,</p> | F 441 | | | |

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| F 441 | <p>Continued From page 26</p> <p>soiled with urine, wiped the resident's buttocks with 2 wipes, cleaning the dirtiest area first, then wiping the outer area. The wipe had a pale yellow/brown discoloration and Nurse Aide A folded the wipe over, wiped front to back, down the middle of the labia tissue. Folded the soiled wipe over a second time, wiped front to back, down the outer area of the labia on each side, then folded the soiled wipe a third time and wiped the rectum again. Nurse Aide A placed a clean incontinent pad under the resident's buttocks and touched his/her knees with the soiled gloves to move the resident from side to side. Nurse Aide A removed the soiled gloves, repositioned the resident in bed with assistance from Nurse Aide C. Nurse Aide C washed his/her hands and left the room. Nurse Aide A carried the bagged trash and soiled linens from the resident room to the soiled utility room. Then walked down the hall to a bathroom to wash his/her hands.</p> <p>On 2/16/15 at 3:02 PM, Nurse Aide A stated staff provide pericare after each incontinent episode and verified the procedure included wiping the perineal area from front to back with a clean wipe, and changing the wipe when soiled. He/she stated staff are to change gloves when becoming contaminated.</p> <p>On 2/16/15 at 4:20 PM Nurse D verified staff provided improper pericare to Resident #14, when the staff did not change his/her gloves when contaminated, and did not wash his/her hands after removing contaminated gloves prior to leaving the resident room.</p> <p>The undated facility policy and procedure for Perineal Care stated using a washcloth and warm water or peri-wipe gently clean the skin of the</p> | F 441 | | | |

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| F 441 | Continued From page 27 perineal area, females separate the labia, moving from front to back. Do not move from back to front due to risk of introducing germs from the anal area into the urethra, a primary source of urinary tract infection. The facility failed to provide good infection control practices regarding incontinent cares and handwashing for Resident #14. | F 441 | | | |